Hoist a bigger sail!

Gestational Diabetes: Life Course and Intergenerational Implications

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Women and Children First!

Ahoy, mateys! Gestational Diabetes is presented by:

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*not a real pirate

Diabetes Prevention & Control Program

- ***"Our mission is to reduce the impact of diabetes in Nebraska by promoting and improving diabetes prevention, management, and education."***
- Established in 1978 through funding from the Centers for Disease Control and Prevention (CDC).
- We have lots of diabetes materials we can ship to your office – **check your packets for order form!**

NEBRASKA
Diabetes Prevention and Control Program

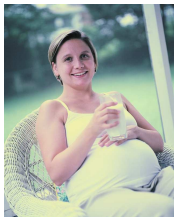
Objectives

- Examine data regarding gestational diabetes and evidence linking gestational diabetes to poor outcomes of pregnancy.
- Identify underlying causes of gestational diabetes.
- Understand the intergenerational implications of gestational diabetes
- Identify key prevention messages for nurses to disseminate in the community of practice.

Gestational Diabetes Overview

Gestational Diabetes Mellitus (GDM):

- Type of diabetes that is found for the first time when a woman is pregnant
- Manifests in second trimester
- Found in 7-19% of pregnancies
- Rates of GDM rising with rates of obesity



Who is at risk for GDM?

You are at risk for GDM if you:

- have a parent, brother, or sister with diabetes
- are African American, American Indian, Asian American, Hispanic/Latino, or Pacific Islander
- are 25 years old or older
- are overweight
- have had gestational diabetes before, or have given birth to a baby weighing more than 9 pounds
- have pre-diabetes

Measuring risk for GDM

- You are at **high risk** if you are very overweight, have had gestational diabetes before, have a strong family history of diabetes, or have glucose in your urine.
- You are at **average risk** if you have one or more of the risk factors on the last slide.
- You are at **low risk** if you did not have any of the risk factors.

Risk factors for GDM?

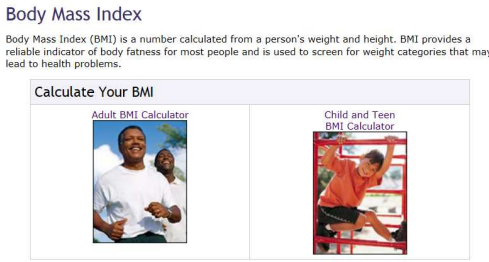
- Number one risk factor for GDM is having a pre-pregnancy Body Mass Index (BMI) in the overweight or obese range

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

Cool Tool - BMI Calculator

- BMI calculators for adults and children

http://www.cdc.gov/healthyweight/assessing/bmi/index.html



Risk factors for GDM?

- Gestational Weight Gain (GWG) also a **very important factor**, especially early in pregnancy.
- Overweight and obese women with excessive GWG at greater risk for GDM than underweight and normal weight women

Getting Off Course--Insulin resistance (IR)

IR is a condition in which the body produces insulin but does not use it properly.

When people are insulin resistant,

- Their cells do not respond properly to insulin.
- Their bodies need more insulin to help glucose enter cells.
- The pancreas tries to keep up with this increased demand for insulin by producing more (hyperinsulinemia)

Insulin resistance (IR) continued…

When people are insulin resistant,

- Eventually, the pancreas fails to keep up with the body's need for insulin
- Excess glucose builds up in the bloodstream, setting the stage for diabetes.
- Many people with insulin resistance have high levels of both glucose and insulin circulating in their blood at the same time.

Insulin resistance

- IR may not have any symptoms
- IR causes metabolic syndrome
- Over time, IR leads to type 2 diabetes
- Obesity is the most common risk factor for IR

What's IR got to do with GDM?

- GDM is caused by IR, body's inability to keep up with demand for insulin causing too high of blood sugar
  - Pregnancy hormones interfere with the action of insulin
  - Need for insulin may triple in pregnancy
- **Normal pregnancy** increases IR by 50-60%
- IR increases with each trimester
- Overweight/obese women at risk for having further IR in pregnancy and therefore at higher risk of having GDM

Calmer waters - improving insulin sensitivity

- Insulin sensitivity is generally restored after baby is born
- Breastfeeding (improves glucose tolerance)

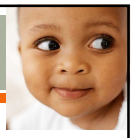
In general:

- Physical activity can improve insulin sensitivity
- Losing weight (even a small amount like 5-7% of body weight) through healthy eating
- Taking medication like metformin

Why do women with GDM have bigger babies?

- Higher blood glucose in mom, glucose crosses placenta, baby gets more glucose than it needs, produces more insulin, gets bigger as a result
- Weight also is correlated with pre-pregnancy BMI and GWG.
- Treating GDM can prevent excess GWG and reduce risk of having LGA baby (though even with treatment some babies are still LGA)

Medical Management of GDM



- Medical Nutrition Therapy (MNT) is the initial approach
  - Work with dietitian to develop meal plan to normalize blood sugars
  - Eat often – 3 small meals and 1-3 snacks a day
  - Be careful what carbs you eat
  - Eat lots of whole grain foods, fruits, and veggies
  - Self monitor blood glucose to test effectiveness of MNT

Medical Management of GDM

- Some women are able to control their GDM just by exercising and careful, careful monitoring of their diet
- Others will need oral medications (like metformin), insulin, or both

Blood glucose targets for most women with gestational diabetes	
On awakening	not above 95 mg/dL
1 hour after a meal	not above 140 mg/dL
2 hours after a meal	not above 120 mg/dL

Cool Tool – Free Blood Glucose Logs

- Free from Nebraska Diabetes Prevention and Control Program
- Intensive management (insulin) and basic management

Is it gestational or type 2 diabetes?

- American Diabetes Association:

"As the ongoing epidemic of obesity and diabetes has led to more type 2 diabetes in women of childbearing age, the number of pregnant women with **undiagnosed type 2 diabetes** has increased.

Because of this, it is reasonable to screen women with risk factors for type 2 diabetes for diabetes at their initial prenatal visit."

Note to nurses:
Know who to screen for T2D at first prenatal visit!

Who do you screen for type 2 diabetes?

Women who are **overweight (BMI 25+) and** who have one or more of the following risk factors should be screened for type 2 diabetes at initial prenatal visit:

- Physical inactivity
- First-degree relative with diabetes
- High-risk race/ethnicity (African American, Latino, Native American, Asian American, Pacific Islander)
- Women who had a baby >9lbs or had prior GDM
- Hypertension (BP 140/90 or higher, or on therapy for HTN)

Who do you screen for type 2 diabetes? Cont'd

Risk factors continued…

- HDL cholesterol level <35 mg/dL and/or triglyceride level >250 mg/dL
- PCOS
- Pre-diabetes
- Other clinical conditions associated with insulin resistance (e.g. severe obesity, acanthosis nigricans)
- History of CVD

Plotting a New Course–How to diagnose GDM

- Without those risk factors, screening for GDM should be done at **24-28 weeks gestation**
- Standard test is the 75-g oral glucose tolerance test (OGTT), should be done after overnight (or at least 8 hr) fast
- Diagnose GDM if any of the following plasma glucose values are met or exceeded:
  - Fasting: 92 mg/dL
  - 1h: 180 mg/dL
  - 2h: 153 mg/dL

Why Treat GDM?

Left untreated, GDM can cause

- Macrosomia, large for gestational age baby (LGA)
- Low blood sugar in baby after delivery
- Breathing problems
- Shoulder dystocia
- Nerve palsy
- Bone fracture (delivery)
- Death
- Increase in C-section delivery

The good news is…

- Since GDM occurs later in pregnancy, after all the organs are formed and baby is pretty well developed, it doesn't cause birth defects
- Treating GDM by controlling mom's blood glucose levels reduces chances of adverse outcomes from 4% to 1%

Smile—most moms with GDM will have healthy babies!

N Engl J Med. 2005 Jun 16;352(24):2477-86. Epub 2005 Jun 12. Effect of treatment of gestational diabetes mellitus on pregnancy outcomes. Crowther CA, Hiller JE, Moss JR, McPhee AJ, Jeffries WS, Robinson JS; Australian Carbohydrate Intolerance Study in Pregnant Women (ACHOIS) Trial Group. Department of Obstetrics and Gynaecology, University of Adelaide, Adelaide, Australia

Andrea's Story — Healthy Baby After GDM

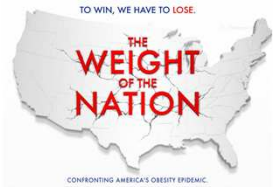
- "With all of the scary things that can go wrong during a high-risk pregnancy, gestational diabetes is a manageable health issue, but it can be deadly for the baby or cause other health concerns.
- I didn't want to take medication unless it was absolutely necessary, so with the help of a dietitian, I was able to control my blood-sugar levels with a healthy meal plan and exercise. In addition, I was watched extremely closely by my doctor, and had weekly ultrasounds and biofeedback tests."

"Overall I had a very healthy pregnancy, and my baby girl was born a very healthy 7.7 lbs." -Andrea

http://dhhs.ne.gov/publichealth/Pages/DadSuccessStoriesAndrea.aspx

Cool Tools - More Real Life Stories

- HBO Series "The Weight of the Nation"
  - Documentary series about America's struggle with obesity
  - Made with the IOM, CDC, NIH
  - View online at http://theweightofthenation.hbo.com/
- Short film on gestational diabetes
  - "Healthy mom, healthy baby"
  - Click on Watch the Film,
  - then click on Bonus Shorts



All Hands On Deck—Obesity Epidemic

- Maternal obesity contributes to
  - Fertility problems
  - Higher risk of miscarriage and stillbirth
  - Pregnancy complications, like GDM and pre-eclampsia
  - Delivery complications (LGA infants)
  - Childhood obesity (downstream obesity)
- If at all possible, nurses should be helping the overweight/obese woman manage weight **before pregnancy** to reduce risks for mom and baby.

All Hands On Deck—Obesity Epidemic

- It's hard to change the course of a ship when it's already at sail—aim for the boats in the harbor!
- Gestational diabetes is best prevented when mom reaches a healthy weight before getting pregnant.
- **Huge opportunity for nurses** to educate women about how increasing their physical activity and changing their diet can help their own health as well as their future child's!

Help stop gestational diabetes before it starts!

Cool Tools for All Patients — My Plate

- My Plate – www.ChooseMyPlate.gov
- **Check your packet** for MyPlate handout for ALL patients
- Easy way to teach people about healthy eating
- Has section for pregnant and breastfeeding moms
- Check out SuperTracker to keep track of calories in and out with food and physical activity
  - Could be a tool for weight management
  - May help women with GDM who need to have food diaries
  - Pregnant women can develop their own personalized eating plans

What is LGA, Macrosomia?

- LGA stands for **Large for Gestational Age**
- Defined as any infant with a birth weight greater than the 90th percentile for age.
  - Infants born at 40 weeks in the US, 90% are less than 4000g
  - LGA would be 4000 grams and above, or 8 lbs 13 oz
- **Macrosomia**, "big baby syndrome" means any infant greater than 4000 or 4500 grams (9 lbs 15 oz) regardless of gestational age

"Think I'm too big? Try gestating for 22 months!"

Perinatal risks for the LGA infant

Study using records of 5.9 million US white women who gave birth at 37-44 weeks to singletons weighing at least 5 lbs 8 oz found:

- Infants 4500-4999 g (9 lbs 15 oz – 11 lbs) had increased risk of stillbirth, neonatal mortality, birth injury, meconium aspiration, c-section delivery
- Infants 5000 g (11 lbs) and up had even higher risks of those things plus higher risk of SIDS

Zhang X, Decker A, Platt RW, Kramer MS. How big is too big? The perinatal consequences of fetal macrosomia. Am J Obstet Gynecol, 2008 May; 198(5):517.e1-6

LGA: Maternal obesity vs GDM

- Compared to healthy weight women*
  - Overweight women 65% more likely to have LGA babies
  - Obese women 163% more likely to have LGA babies
- "Excess weight in pregnant women, both before pregnancy and gained during pregnancy, is the main predictor of whether mothers will have larger than average babies"**
- "Gestational impaired glucose tolerance was **not** a significant **independent** predictor of having a large-for-gestational-age infant," **

*Kaiser Permanente (2012, August 14). **Overweight and obese women more likely to have large babies**. *ScienceDaily*. Retrieved September 5, 2012, from http://www.sciencedaily.com/releases/2012/08/120814135236.htm
Canadian Medical Association Journal (2012, May 22). **Excess maternal weight before and during pregnancy can result in larger babies. *ScienceDaily*. Retrieved September 5, 2012, from http://www.sciencedaily.com/releases/2012/05/120522135032.htm

Maternal obesity and GDM

Not every obese woman will have GDM,
not every woman with GDM will be obese!

- In a retrospective study of 9,835 women in Southern California…
  - 59.5% of pregnant women were overweight/obese
  - **19.2% of the women had GDM**
  - Of the women with GDM,
    - 76.3% were overweight/obese,
    - 23.7% were normal or underweight
- Who do you think has a greater risk of metabolic syndrome?
  - Children born LGA to mothers with no GDM
  - Children who were not LGA born to mothers with GDM

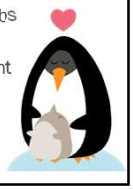
Diabetes Obes Metab. 2012 Aug 13. [Epub ahead of print] **The Relative Contribution of Prepregnancy Overweight and Obesity, Gestational Weight Gain, and IADPSG-Defined Gestational Diabetes Mellitus to Fetal Overgrowth.** Black MH, Sacks DA, Xiang AH, Lawrence JM. Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena, California.

Pregnancy Weight Gain IOM Guidelines

Institute of Medicine (IOM) guidelines for weight gain during pregnancy:

	BMI	weight gain
Underweight	<18.5	**28–40** lbs
Normal weight	18.5-24.9	**25–35** lbs
Overweight	25.0-29.9	**15–25** lbs
Obese (includes all classes)	≥30.0	**11–20** lbs

- Roughly half of pregnant women gain more weight than the IOM guideline recommends! (excessive gestational weight gain, or GWG)



Gestational Weight Gain (GWG)

- The strongest predictor of postpartum weight retention is gestational weight gain (GWG).
- "The greater the weight gain, the greater the weight retention at one year".*
- "The majority of women never lose their GWG and go into each subsequent pregnancy at a higher BMI"*
- Excessive GWG increases the risk of being overweight and obese even 21 years after pregnancy* which ups risk of T2D

*Linda A Barbour **Weight gain in pregnancy: is less truly more for mother and infant?** *Obstet Med June 2012 5:58–64; published ahead of print 8 May 2012, doi:10.1258/om.2012.120004*

The perils of eating for two

- GWG contributes to risk of
  - GDM
  - pre-eclampsia
  - c-section delivery
  - infant adiposity
  - metabolic syndrome in children
  - downstream obesity
- Don't eat for two – eat for 1.1 (or so)

Is the Womb More Important than the Home?

Animal studies have shown that uterine environment affects adiposity and health of the offspring

- Pregnant animals fed junk food diets had offspring that craved fat, salt, and sugar
- Having a balanced diet during pregnancy was protective against junk-food fueled obesity in offspring
- "Offspring exposed to maternal obesity were more susceptible to obesity, regardless of birth weight"*

*Adamo K.B., Ferraro Z.M., Brett K.E. Can We Modify the Intrauterine Environment to Halt the Intergenerational Cycle of Obesity? *International Journal of Environmental Research and Public Health*. 2012; 9(4):1263-1307.

Is the Womb More Important than the Home?

Sibling studies in women that have had children before and after bariatric surgery have shown that :

- Children born before surgery were 3 times more likely to be severely obese than the children born after surgery.
- Children born after surgery had better insulin sensitivity and cholesterol levels

**Endocrine Care: J. Smith, K. Cianflone, S. Biron, F. S. Hould, S. Lebel, S. Marceau, O. Lescelleur, L. Biertho, S. Simard, J. G. Kral, and P. Marceau Effects of Maternal Surgical Weight Loss in Mothers on Intergenerational Transmission of Obesity *JCEM 2009 94: 4275-4283; doi:10.1210/jc.2009-0709*

Some good news for GDM

Moms with uncontrolled GDM during pregnancy had children that were

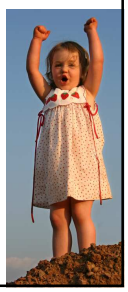
- 89% more likely to be overweight
- 82% more likely to be obese

(compared to children of women without GDM)

Moms with GDM whose blood sugars were well controlled had children that were

- No more likely to be overweight or obese

The study's lead author noted that more research needs to be done to confirm those findings.



What Does This Mean for Nurses?

- The origins of obesity may begin with "programming" before birth!
- Supporting the OB/OW pregnant woman to adopt a healthier lifestyle may be the first step in preventing obesity in her child
  - Avoiding excessive GWG
  - Encouraging physical activity, healthy eating
- Women are more motivated to adopt healthier behaviors when pregnant

Steer the ship towards a healthier future!

Can GDM be prevented?

Many studies have attempted interventions to reduce GDM in high risk women (like those with PCOS) by using

- Behavioral interventions
  - Exercise
  - Nutritional counseling
  - Calorie restriction
  - Education
- Metformin
- Fish oil

Unfortunately, these attempts have been largely unsuccessful

Physical Activity in Pregnancy—It's Good!

- It's safe and beneficial for healthy pregnant (and breastfeeding) women to exercise!
- Physical activity is a great way to lower blood sugar in GDM
- Risks of moderate-intensity aerobic activity, such as brisk walking, are very low for healthy pregnant women.
- Physical activity does not increase your chances of low-birth weight, early delivery, or early pregnancy loss.

Physical Activity in Pregnancy—It's Good!

- Healthy pregnant women should get at least **150 min/week** of activity, such as brisk walking or dancing
- Lots of studies on physical activity interventions to lower birthweight or risk of GDM have failed
  - Intervened too late in pregnancy
  - Lack of compliance
- It's best to exercise before becoming pregnant and keep it up throughout pregnancy
  - Risk of GDM is less if mom exercises before or during early pregnancy

Zhichao K. Tobias, SM,; Cuilin Zhang, MD, PhD,; Rick M. van Rijn, MD, PhD,; L. Katherine Bowers, PhD; and Frank B. Hu, MD, PhD; **Physical Activity Before and During Pregnancy and Risk of Gestational Diabetes Mellitus: A meta-analysis** *Diabetes Care January 2011 vol. 34 no. 1 223-229*

Cool Tool – Check your Packet

Keeping Fit During Pregnancy

Why being active during pregnancy can help you and your baby and how to get started today!

Fitness goes hand in hand with eating right to maintain your physical health and well-being during pregnancy. Pregnant or not, physical fitness helps keep the heart, bones, and mind healthy.

Healthy pregnant women should get at least **2 hours and 30 minutes** of moderate-intensity aerobic activity a week.

It's best to spread your workouts throughout the week. If you regularly engage in vigorous-intensity aerobic activity or high amounts of activity, you can keep up your activity level as long as your health doesn't change and you talk to your doctor about your activity level throughout your pregnancy.

Special benefits of physical activity during pregnancy:

- Exercise can ease and prevent aches and pains of pregnancy, including constipation, varicose veins, backaches, and edheadtion.
- Active women seem to be better prepared for labor and delivery and recover more quickly.
- Exercise may lower the risk of preeclampsia and gestational diabetes during pregnancy.
- Fit women have an easier time getting back to a healthy weight after delivery.
- Regular exercise may improve sleep during pregnancy.
- Staying active can protect your emotional health. Pregnant women who exercise seem to have better self-esteem and a lower risk of depression and anxiety.
- Results from a recent, large study suggest that women who are physically active during pregnancy may lower their chances of preterm delivery.

How likely is it that GDM will get T2D?

- Good question! Numbers vary wildly
- According to a British study*, women with a history of GDM are **7 times more likely to be diagnosed with type 2 diabetes** as women who did not have GDM
- According to a Canadian study**, the rates of women with GDM developing type 2 diabetes were
  - 3.7% - 9 months after delivery
  - 18.9% - 9 years after delivery
    - Women without GDM had 2% rate of T2D 9 years after delivery

***Type 2 diabetes mellitus after gestational diabetes: a systematic review and meta-analysis** Leanne Bellamy, MBBS, Juan-Pablo Casas, MD, Prof Alroon D Hingorani, FRCP, Dr David Williams, FRCP *The Lancet, Volume 373, Issue 9677, Pages 1773 - 1779, 23 May 2009*

**Feig, D. *Canadian Medical Association Journal*, July 29, 2008; vol 179: 229-234. News release, Canadian Medical Association. WebMD Health News accessed September 5, 2012

Aim for Sunny Shores – preventing T2D

Waist circumference and BMI are strongest predictors of T2D development in women with a hx of GDM

- Breastfeed
- Lose 5-7% of body weight (if overweight/obese) through healthy eating and physical activity
- Get at least 150 minutes per week of activity
- Get lots of fruits, veggies, and whole grains
- Get tested at least every 3 years

Cool Tool – Defend Against Diabetes

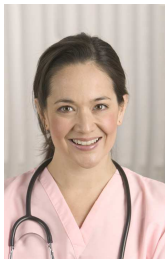
- www.DefendAgainstDiabetes.Ne.gov

What do women with GDM need to do?

ADA Clinical Practice Recommendations:

All women with GDM should be tested for type 2 diabetes

- 6-12 weeks postpartum using a test other than A1c
- At least every 3 years after that
- If women are found to have pre-diabetes, they should receive lifestyle interventions or metformin to prevent diabetes



Nursing Opportunity: Remind women of need for testing and **remind doctors to follow up with women with GDM!**

What to Tell Your Patients

- Pregnancy is a great time to take control of your health!
- Excess GWG contributes to a lot of bad things, like
  - risk of gestational diabetes
  - having baby that's too big and having problems with delivery because of it
  - later chances of an overweight child
  - not being able to lose your pregnancy weight…ever!

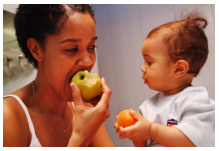
What to Tell Your Patients

- Excess GWG is caused by eating more food than you and your baby need
  - Lack of exercise doesn't help, either
- Exercise is safe for healthy pregnant women and their babies, and may help reduce pain
- It doesn't have to be much, just 10 minutes at a time is fine
- Walking is a great way to start, the earlier in pregnancy the better

What to Tell Your Patients

To avoid excess GWG,

- Don't "eat for two!" You only need to eat for 1.1!
- Eat lots of fruits and vegetables, high fiber foods
- Limit sugary drinks like pop, sports drinks, fruit punch, etc.
- Limit foods high in saturated
- Watch your portion sizes
- Check out ChooseMyPlate.gov



What to Tell Your Patients with GDM

Tell them everything on previous 3 slides, plus

- Gestational diabetes is serious, but it can be managed
- By controlling your blood sugar, you can reduce your risk of having a baby that's too big and having complications in pregnancy/delivery, may also prevent childhood overweight/obesity
- You must have your blood sugar checked at your postpartum visit (6-12 weeks after delivery)
- Breastfeeding may help you and baby's health

What to Tell Your Patients with GDM

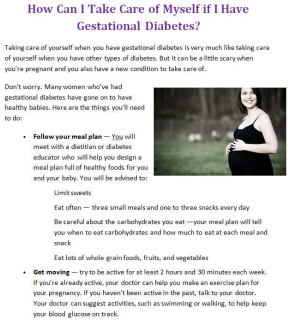
- You are at risk for type 2 diabetes, so you need to get your blood sugar checked at least every 3 years
- Type 2 diabetes can be prevented or delayed by losing a modest amount of weight, eating healthy, and being more active
- Not every woman that had GDM will get it again!
- Not every woman that had GDM will get type 2 diabetes!

Cool Tools on GDM from NDEP

- **Check your packets** for a handout about preventing type 2 diabetes in women (especially at high risk ethnic groups) who have had GDM
- Made by National Diabetes Education Program(NDEP)
- They have a great website for GDM
  - www.YourDiabetesInfo.org/GDM

Cool Tool – Simple GDM Handout

- Check your packet
- Includes websites for more information
- Can be copied



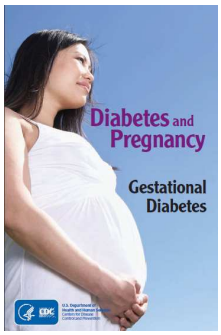
How Can I Take Care of Myself if I Have Gestational Diabetes?

Taking care of yourself when you have gestational diabetes is very much like taking care of yourself when you have other types of diabetes. But it can be a little scary when you're pregnant and you also have a new condition to take care of.

Don't worry. Many women who've had gestational diabetes have gone on to have healthy babies. Here are the things you'll need to do:

- **Follow your meal plan** — You will meet with a dietitian or diabetes educator who will help you design a meal plan full of healthy foods for you and your baby. You will be advised to:
  - Limit sweets
  - Eat often — three small meals and one to three snacks every day
  - Be careful about the carbohydrates you eat —your meal plan will tell you when to eat carbohydrates and how much to eat at each meal and snack
  - Eat lots of whole grain foods, fruits, and vegetables
- **Get moving** — try to be active for at least 2 hours and 30 minutes each week. If you're already active, your doctor can help you make an exercise plan for your pregnancy. If you haven't been active in the past, talk to your doctor. Your doctor can suggest activities, such as swimming or walking, to help keep your blood glucose on track.

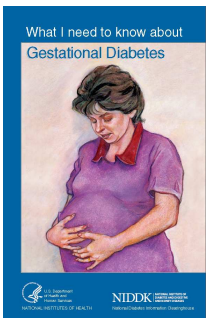
Cool Tool - Gestational Diabetes Materials



- CDC publication - free
- Available in English and Spanish
- *This easy-to-read booklet was developed for women who have been diagnosed with diabetes during pregnancy and want to learn more about how to take care of themselves during and after pregnancy."*
- *View online:*

http://www.cdc.gov/NCBDDD/pregnancy_gateway/documents/Diabetes_and_Pregnancy508.pdf

Cool Tools - Gestational Diabetes Materials

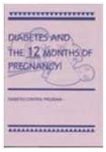


- **What I need to know about Gestational Diabetes – NIDDK**
- Booklet – 18 pages
- More in depth
- View online:

http://diabetes.niddk.nih.gov/dm/pubs/gestational/

For Women with T1 or T2 Diabetes

- **Got diabetes? Thinking about having a baby?** From CDC - English
- This easy-to-read booklet was developed for women who have diabetes and are thinking about getting pregnant or are already pregnant.



Diabetes and the 12 Months of Pregnancy – from NDPCP English or Spanish

About managing your blood sugar prior to pregnancy

What We Want

- Healthy moms, healthy babies→children→adults→mothers→babies

How We Get It

Nurses need to…

- **Educate**
- **Advocate**
- Motivate
- *Encourage*
- *Inspire*

Be…

- **Available**
- Accessible
- *Accepting*
- Positive!

Develop rapport

Cultivate trust

What pregnant or new moms need

- Sleep!
- Encouragement
- Support to make those healthy choices easier

Cultivating trust with your patients

Remember…

- None of us are perfect… so we can't expect our patients to be perfect!
- **Nobody changes without first being understood**
- You can't guilt, shame, or judge people into better health!

Don't be a Shame-us McJudgerson

You can tell your patients ☺

- You didn't do anything wrong to get GDM!
- Don't blame yourself!
- We can manage this together!
- It takes a long time to change health habits, but we can start small and start now.
- We are here to support you!
- Most moms with GDM have healthy babies!

www.dhhs.ne.gov/EWMprovidereducation

Coolest Tool Ever - FREE CONTACT HOURS! Self Study

Thank you! ☺ Additional Resources

Great websites for GDM, pregnancy:

National Diabetes Education Program, GDM:
- www.YourDiabetesInfo.org/GDM

CDC Diabetes and Pregnancy
- http://www.cdc.gov/Features/DiabetesPregnancy/

WomensHealth.gov pregnancy info
- http://womenshealth.gov/pregnancy/

American Diabetes Association – what is GDM?
- http://www.diabetes.org/diabetes-basics/gestational/what-is-gestational-diabetes.html

Thanks for coming to Women and Children First! We Wish You Smooth Sailing!